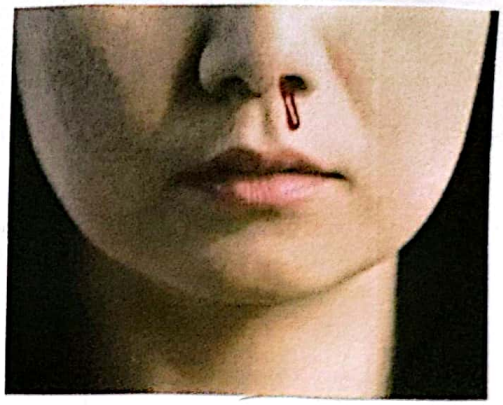
# ENT

## EPISTAXIS



- Bleeding from inside nose.
- Nose is formed by Nasal Septum & lateral wall. Nose is supplied by branches of external & Internal Carotid arteries.
- Site of Bleeding 90%~ Littles Area.
- Keiselbach Plexus
  - (i) Ant. Ethmoidal Artery (ii) Sup. Labial Artery
  - (iii) Sphenopalatine Artery (iv) Greater Palatine Artery.
- 2 Types ① Anterior ② Posterior.
- Rx ① First Aid Measures → (Compression) of little's Area by Thumb & Index finger for 5 minutes (OR) (Trotter's Method). Pt is made to bent over basin & Tap water on head. (OR) (Cold Compression)

② Couterization If fails ③ Ant. Nasal Packing If fails
④ Post. Nasal Packing If fails ⑤ Sub-Mucus Resection (SMR)

## NASAL POLYPS

- Finger like projection from mucosa of Paranasal sinuses.

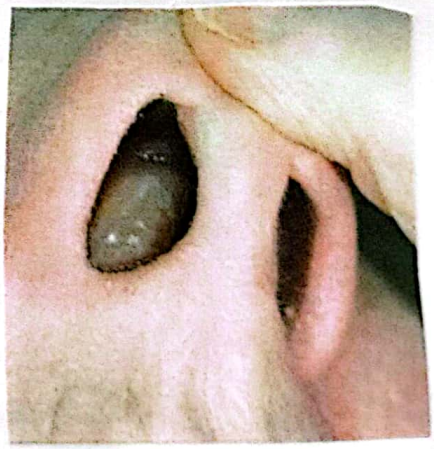
Types

**Antro-Choanal Polyp**

- U/L
- Maxillary Sinus Origin
- In Children
- Chronic Maxillary Sinusitis
- Grows posteriorly comes to hang behind soft palate.

**B/L Ethmoidal Polyp**

- B/L
- Ethmoidal sinus origin
- In Adults
- Allergy (Asthma, Rhinitis)
- Grows Anteriorly & comes out of Nostril



- C/F
  - Nasal Obstruction
  - Epistaxis
  - Headache
  - Ansomnia
- O/E

Post. Rhinoscopy
Greyish, Trilobed smooth muscle mass.

Ant. Rhinoscopy
Pale, smooth Glistening Grape like mass

- Rx → Polypectomy

If Recurrent → Cald Well Luc Procedure

Polypectomy.
- Ethmoidectomy.

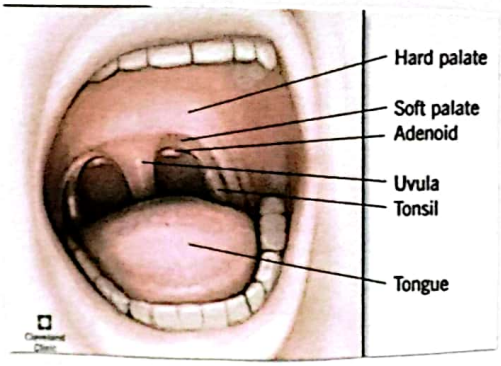
## → Nasopharyngeal Tonsils / Adenoids

. Lymphoid follicles at junction of roof & post. wall of nasopharynx.

C/F → Nasal obstruction . Headache . Epistaxis . Voice change

O/E → Adenoid Facies (Monkey Face) . High Arched Palate . Nose pitched in .

Ix → X-ray Neck • Rx → Oral/Nasal Congestants , Abx . If severe - Adenoidectomy




## → Acute Tonsillitis

Tonsills → 2 Ovoid masses attached to lateral wall of oropharynx.

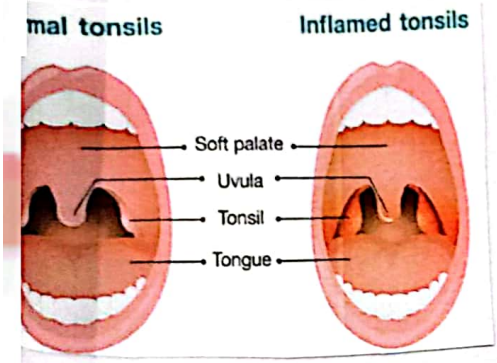
Acute inflammation of Tonsills. by Streptococcus, Staphylococcus . Coryne bacterium Diptherie.

C/F . High grade fever . Sore Throat . Dysphagia . Odynophagia . Bull Neck (Diptheria)

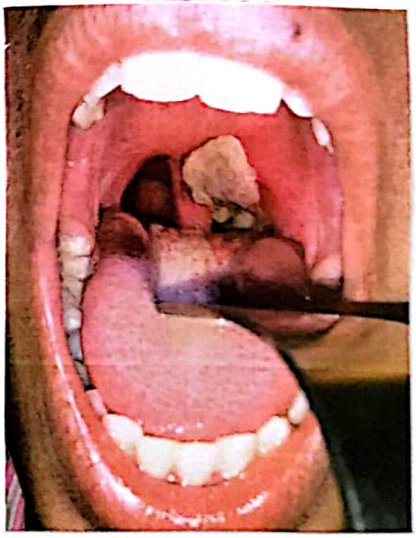
Types → Acute Superficial Tonsillitis . Acute Parenchymatous Tonsillits (Whole Tonsills Inflammed)
Acute Follicular Tonsillitis . Acute Membranous Tonsillitis

Ix → Culture (Throat Swab) Rx . Admit . Abx (Erythromycin) . Anti-Pyretics

Complications → Airway Obstruction . Myocarditis . Neuropathies (Phrenic Nerve Palsy)




Diptheria →



## Hearing Loss

- Conductive Deafness
  - External Ear Disease
  - Middle Ear Disease
- Sensory Neural Hearing Loss
  - Sensory → Internal Ear Disease
  - Neural
    - Peripheral → 8th CN Damage
    - Central → Auditory Center Damage

### Screening Tests

• Finger Friction Test . Watch Test . Speech Test.

### Tuning Fork Test

i) Rinne's Test → A vibrating tuning fork placed at Mastoid Process (Bone Conduction) when pt. stops hearing, bring tuning fork at Ext. Meatus (Air Conduction)
Pt. can still hear (AC > BC) → (Normal) / (SNHL)
Pt. cant hear (BC > AC) → (Conductive Deafness)

ii) Webber's Test
A. vibrating tuning fork is placed at center of forehead . Normal person can hear

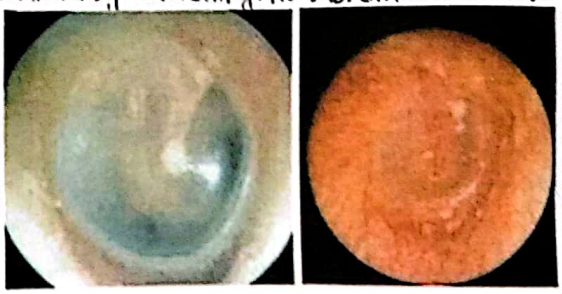
# Acute Suppurative Otitis Media (ASOM)

Acute inflammation of Middle ear cavity by Staphylococcus, Streptococcus, H. Influenza via Eustachian Tube or Ext. Ear Diseases.

Stages ① Tubal Occlusion (Mild Earache. Mild Deafness. O/E (Retracted TM)
② Pre-Suppuration (Fever, Malaize, ↑ Earache, O/E (Congested TM)
③ Suppuration (Swinging fever ē chills & Rigors, O/E (Bulging TM)
④ Resolution (TM Ruptured)

Ix → Culture (Discharge). Rx → Ampicillin/Macrolides, Antipyretics, Analgesics.

Complications → Facial N. Palsy . Meningitis . Brain Abscess.



Normal tympanic membrane | Acute otitis media

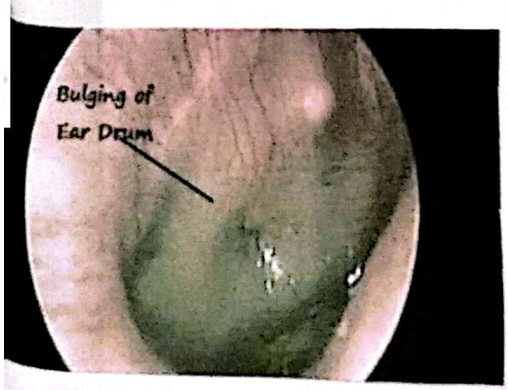
# Chronic Suppurative Otitis Media (CSOM)

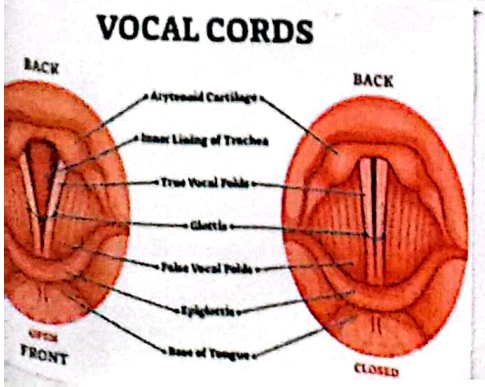
Chronic Inf. of Middle ear cavity ē persistent Ear Discharge & Permanent TM Perforation.

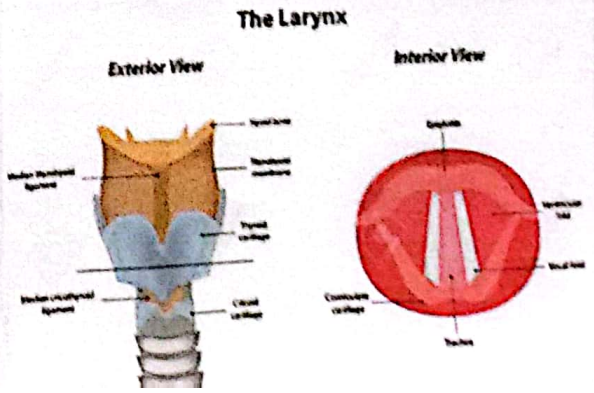
2 Types

Tubo Tympanic . Profused, mucid odorless Ear Discharge . Central TM Perforation , Mild CHL

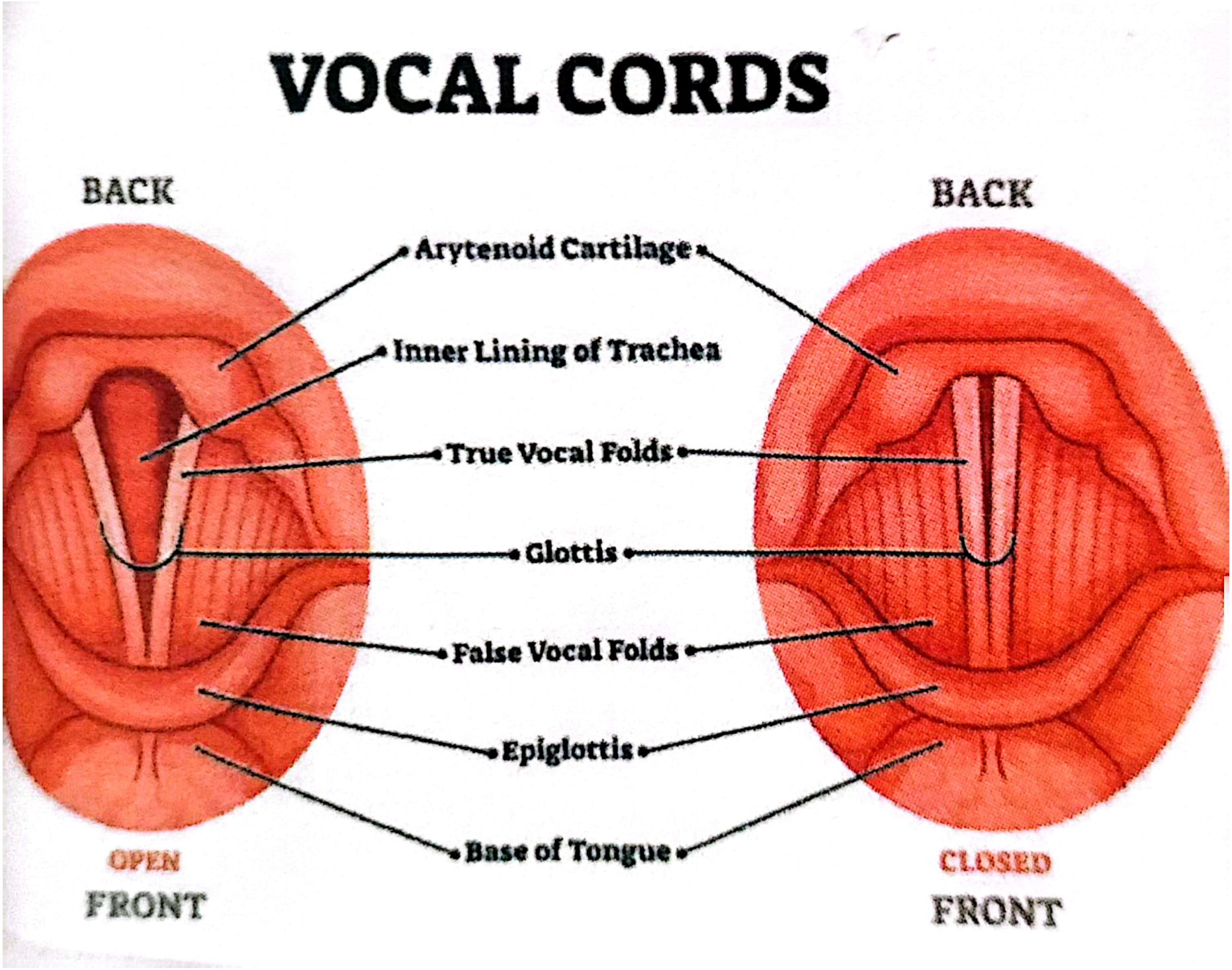
Attico Antral . Scanty. Purulent, foul smell Ear Discharge . Peripheral TM Perforation . Marked CHL



# VOCAL CORDS

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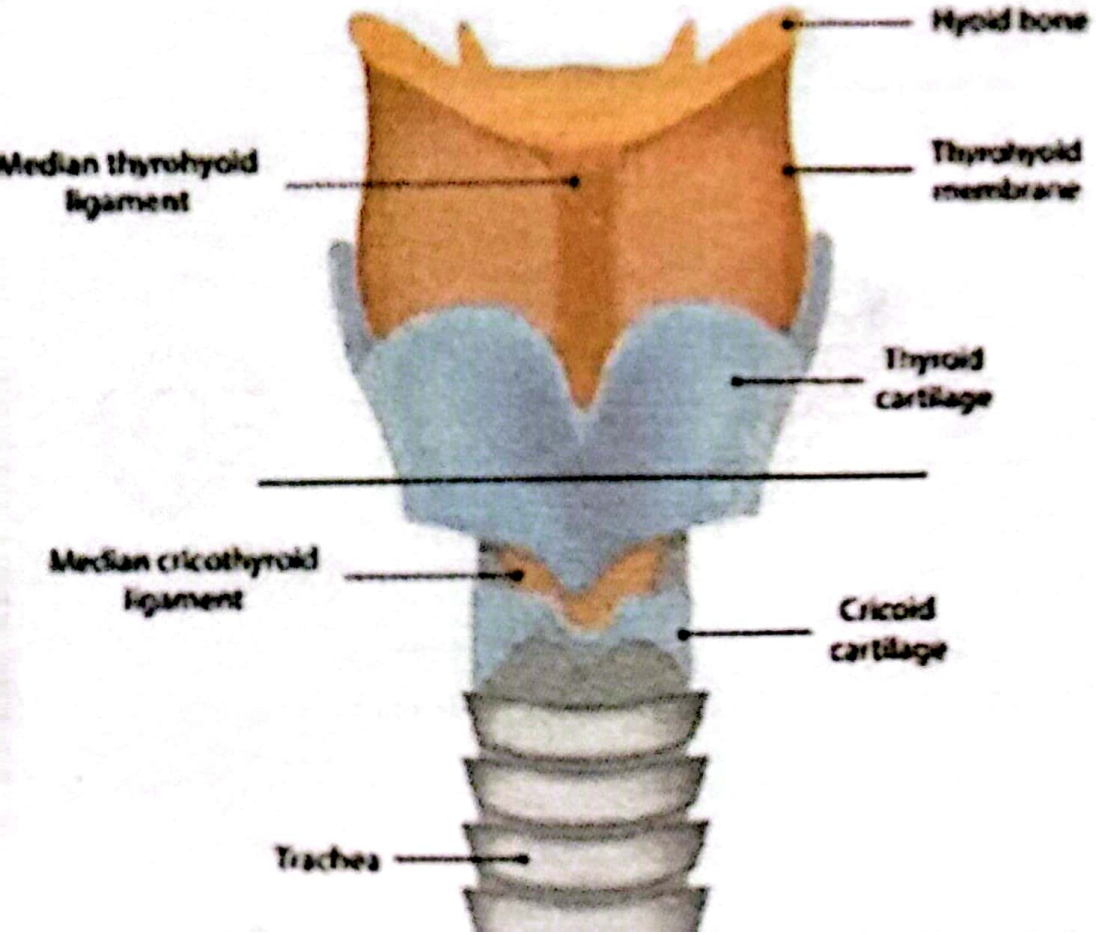
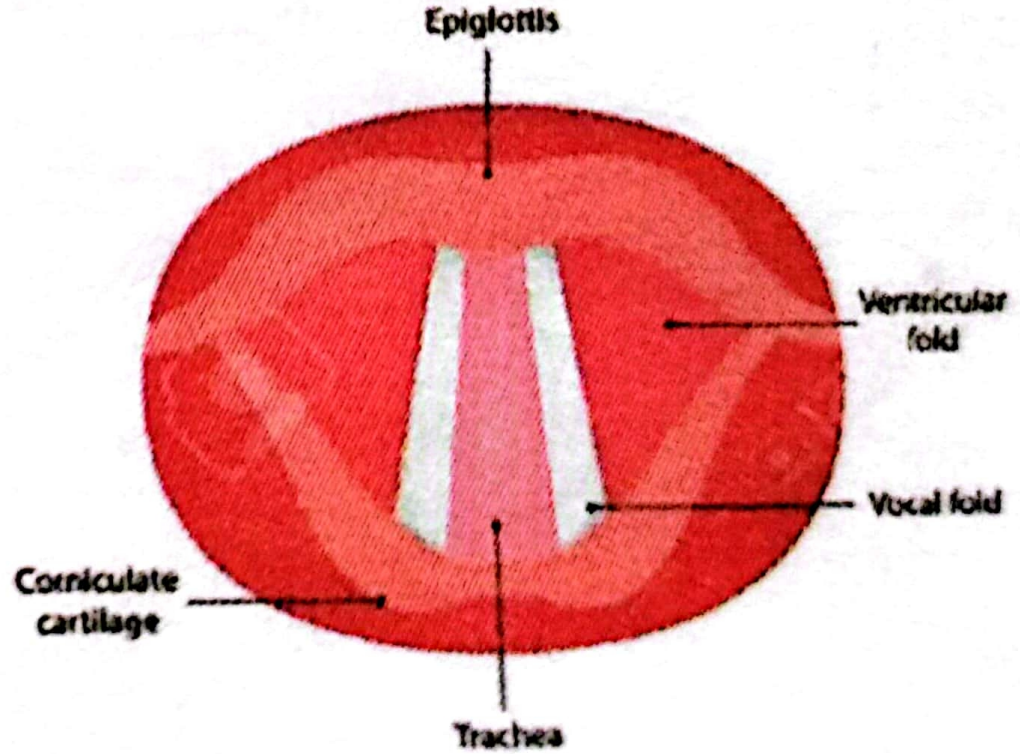
# The Larynx

## Exterior View




## Interior View

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# DERMATOLOGY

## IMPETIGO

- Skin Inf. caused by Strep/Staph on Face, Hand, Forearm
- Delicate vesicles, rupture to give yellow crusting.
- Rx. Topical Abx (Flucidic Acid, Bacitracin)

## CARBUNCLE

- Deep seated Inf of hair follicles by Saureus on Trunk Legs & back of neck. Hard Red nodules. Pus draining sinuses
- Rx. Surgical excision, I/V Flucollaxacillin.

## LUPUS VULGARIS

- Chronic bacterial Inf. by Mycobacterium TB spread through skin contact, via lymphatics
- C/F → Low grade fever, Malaise, Anorexia, Night sweats
- Red. Dusky plaques at Hands, forearm, Above joints
- Rx - ATT for 6 months

## SCABIES

- Parasitic skin Infection by Sarcoptes Scabeii by Infected person.
- Presentation ē nocturnal itching below collar Line
- O/E Burrows at Interdigital Cleft, Axilla, Breast.
- Rx 5% Permethrin Lotion. 0.5% Malathione Lotion.

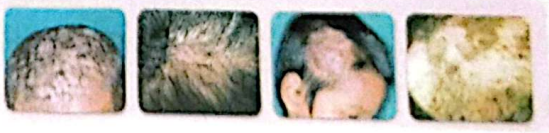
## TINEA CORPORIS

- Tricophytom Inf. of skin of Trunk, limbs.
- Erythematous, red circular lesion ē clear center.
- Rx. Anti-fungal (Ketoconazole, TerbinaFine)

## TINEA PEDIS

- Trichophyton Inf. of foot, fingers & Toes.
- C/F - Interdigital Peeling, Itching, Scaling
- Rx - Topical or Oral Anti-fungals.

## TINEA CAPITIS



- Trichophyton Inf. of scalp, eyebrows & eyelashes.
- Grey Patch Type (Assymetrical non-scaring Alopecia)
  Black Dot Type (Black Dots due to Broken Hairs)
  Kerion (Marked Inflammation)
  Favus (Yellow cups base of Hair Follicle)



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## ERYTHEMA NODOSUM

Acute, erythematous nodular skin eruption affecting Ant. surface of legs (Shin) by Streptococcus, Chlamydia TB, Measles.
20-40 y/o Females, sudden onset of eruption of red nodules & painful nodules
Rx. Bed Rest, NSAIDS, Clear ē in 3-8 weeks.

## PSORIASIS

Commonest genetically determined disorder of skin which involve joints.
Intra-epidermal inflammation at extensor surfaces, elbows, knees, back of sacrum, behind ears.
Well Defined Dull, red papules covered by silvery scale.
Rx → .Steroid Therapy. PUVA Therapy (Methoxy Psorlean)
.Gackerman Regime (Tar Bath - 20-30% Coal Tar Paste)

## ACNE VULGARIS

.Chronic Inflammatory Disease of Pilo-sebaceous follicle.
.Black horny follicular plugs at face(commenest), shoulder, chest.
.Rx Topical Abx (Clindamycin, Macrolide Lotion)

## BASAL CELL CA

.Slow growing malignancy arising from basal cell layer.
.In old age & fair skin people. on Face.
.Small rounded nodule then nodule enlarge, irregular in shape ē pigmentation
.IOC - Skin Biopsy
.Rx - Surgical Excision (Mohs Surgery)

## SQUAMOUS CELL CA

.Slow growing malignancy arising from Prickle cell layer.
.Face, Forehead, upper lid, Lower lip.
.Slow growing nodule which ulcerate to make Cauliflower like growth.
.IOC - Skin Biopsy.
.Rx - Surgical Excision + Radiotherapy.



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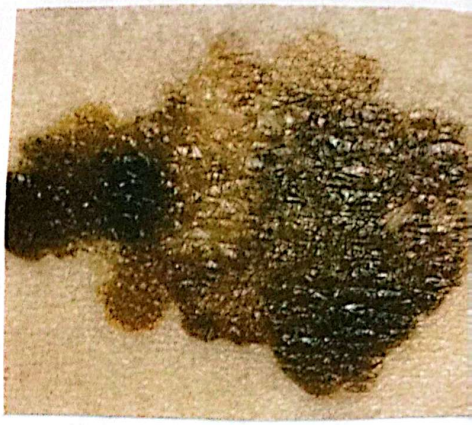
## → MALIGNANT MELANOMA

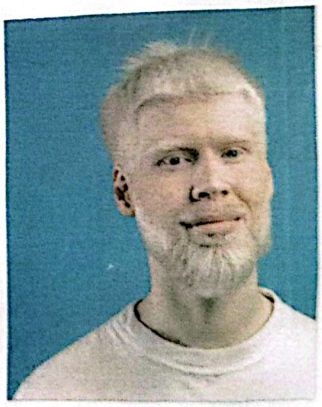


. Malignant tumor arising from Melanocytes.
. Fair skinned Person.
. Change in size, shape or color of pre-existing mole.
. Ix. Excisional Biopsy.
. Rx. Surgery + Chemotherapy.

## → VITILIGO

. Immune mediated disorder leading to De-pigmentation.
. Hand, Forearm, neck, head.
. Small, convex, milky white, macule ↑ size by surrounding skin hyperpigmented. Sunlight exposure ~ Redness.
. Dx. Wood's lamp (Under Dark Room) will show variegate colors (Bluish, Greenish, Redish)
. Rx ~ Topical Steroids, PUVA Therapy.

## → ALBINISM



. Autosomal recessive genetic defect leading to Absolute or partial defect of Melanin in skin & organs.

Total Albinism → At birth, Total white skin even hairs. Pink Iris.
Partial Albinism → Hairs brown, Blue Iris.

. Additional ~ Photophobia, Nystagmus, ↓IQ, Short Stature.
. Rx. Supportive, Prevention of skin from sunlight.

## → ALOPECIA AREATA

. Condition in which hair is lost from some or all areas of body.
. Rx. Corticosteroids are injected into scalp, taken orally or applied topically as ointment.
. Minoxidil Hair Spray



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